



MONTANA Fact[or]s

Preview of 2006 BRFSS Data Part 1

The Montana Behavioral Risk Factor Surveillance System (BRFSS) has been collecting and reporting state-specific, population-based estimates of health-related data since 1984. The purpose of this statewide telephone survey of Montana residents aged 18 and older has been to gather information regarding personal health risk behaviors, selected medical conditions, and the prevalence of preventive health care practices among Montana adults. These BRFSS results have been used by public health agencies, academic institutions, non-profit organizations, and others to develop programs that

promote the health of Montana adults and reduce risks that contribute to the leading causes of death in the state.

In the two introductory issues of Montana BRFSS Factors, Fall 2007, and Winter 2008, five-year averages of selected results from the first half of this decade of Montana BRFSS surveys and a preview of selected measures from the 2006 Montana BRFSS report, which will be released in its entirety in 2008, have been presented. For this first issue, BRFSS health indicators related to **access to health care** and selected preventive health **screening and immunization** behaviors have been

presented. The second issue continues with the portrayal of adult Montanans by examining health-related behaviors, in particular **health risk behaviors** and **health status or outcomes**. In each issue, Montana state-specific indicators have been compared as **"better than," "same as,"** or **"worse than"** the national median for all 50 states and the District of Columbia in 2006. A full set of Montana yearly questionnaires and health indicators can be found on the Department of Public Health Human Services (DPHHS) BRFSS database query system website at www.brfss.mt.gov. In addition, Healthy People 2010

(HP2010) goals for the selected health objectives have been provided in the tables to help the reader understand how adult Montanans have been doing in relation to meeting the health objectives for the nation. ¹Specific state rankings can be found on the Centers for Disease Control and Prevention (CDC) website at www.cdc.gov/brfss.

[The CDC website (www.cdc.gov/brfss) also provides national, state, and some local area prevalence estimates of health indicators, as well as access to downloadable datasets for further analyses.]

Access to Health Care

Health Indicator	Montana 2001-2005	Montana 2006	U.S. 2006 Median	HP 2010 Goal
Access to Health Care:	%	%	%	%
	(95% CI)	(95% CI)	(50 States & DC)	
No Health Care Coverage	19.1 (18.4 - 19.9)	16.6 (15.2 - 18.1)	14.5 (8.2 - 25.2)	0.0
No Usual Primary Care Provider	26.1 (25.2 - 26.9)	26.2 (24.6 - 27.9)	n/a	≤15
Could Not See Doctor Because of Cost (in the past year) 2003-2005	12.9 (11.5 - 14.4)	12.2 (11.0 - 13.5)	n/a	n/a

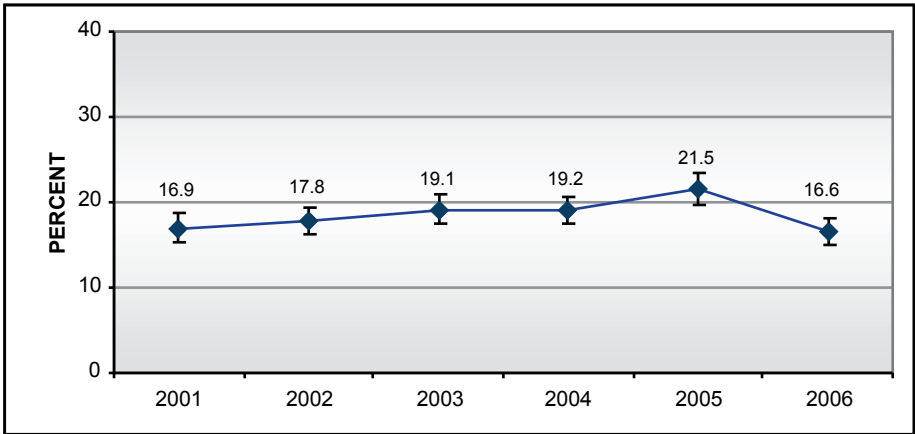


Figure 1. No Health Insurance, Montana Adults, 2001-2006.

No Health Insurance Coverage:

In Montana, the mean five-year (2001-2005) prevalence of uninsured Montana adults was 19 percent. Figure 1 suggests that the prevalence of uninsured rose modestly during 2001-2005, then returned to the 2001 level in 2006. However, compared to the national median of 15 percent (range = 8% to 25%), Montana was included among the 25 states that did **worse than the national median**. The Healthy People 2010 goal for this objective is to achieve full health care coverage for all adults in the nation by the end of the decade.

No Usual Primary Care Provider:

The percent of adults in Montana who did not have a usual health care provider remained relatively constant in the first half of this decade. Approximately one in four (26%) Montana adults aged 18 and older reported having no usual provider of health care. The HP2010 goal for this objective is for at least 85 percent of the U.S. adult population to have a personal health care provider.

Could Not See a Doctor Because of Cost during the Past Year:

Thirteen percent (mean for 2003 to 2005) of Montana adults could not afford to see a doctor because of cost during the prior year. In 2006, the estimate was essentially the same with 12 percent of the adult population unable to visit a doctor during the past year due to cost.

Screening and Immunizations

Pap Test Screening:

The Pap test is used to detect cancer, changes in the cervix that may lead to cancer, and non-cancerous conditions, such as infection or inflammation. The two-year average (2002, 2004) for women age 18 and

older who had a Pap test within the past three years was 86 percent. In 2006, the prevalence decreased slightly to 82 percent of this population. Compared to the national median of 84 percent, Montana **did worse**.

In 2006, states ranged from 74 percent to 89 percent of women aged 18 and older who received a Pap test within the past three years and none of the states met the national HP2010 goal for this objective of at least 90 percent.

During the first half of this decade, almost **three in four Montana women** aged 40 and older **had a mammogram within the past two years.**

More than half of all males aged 40 and older had a PSA test within the past two years.

Mammogram Screening:

During the first half of this decade, almost three in four Montana women aged 40 and older (72%) had a mammogram within the past two years. In 2006, Montana (72%) did **worse than the national median** (77%); the other states and DC ranged from 67 percent to 85 percent on this measure. However, Montana met the HP2010 objective of greater than or equal to 70 percent of women aged 40 and older having had mammo-gram screening within the past two years.

Prostate Specific Antigen (PSA) Screening Test:

More than half of all males aged 40 and older had a PSA test within the past two years (mean = 52% for 2002 and 2004). In 2006, the prevalence of PSA testing was 56 percent among Montana males in this age group and the state did **better than the national median** of 54 percent. States ranged from 40 percent to 63 percent of men aged 40 and older having had this test within the past two years.

Colorectal Cancer Screening:

Two colorectal cancer screening tests are recommended for adults aged 50 and older, the fecal occult blood test (FOBT) and the sigmoidoscopy or colo-noscopy.

■ **Fecal Occult Blood Test (FOBT)** is a special kit that may be used at home to determine whether the stool contains blood. For all adults aged 50 and older the mean prevalence of home testing was 28 percent for years 2001, 2002 and 2004. In 2006, the prevalence remained the same as the first half of the decade at 28 percent.

Health Indicator	Montana 2001-2005	Montana 2006	U.S. 2006 Median	HP 2010 Goal
Screening and Immunizations:	% (95% CI)	% (95% CI)	% (50 States & DC)	%
Pap Test in the Past Three Years (women with an intact cervix) 2002 and 2004	85.6 (84.1 - 87.0)	82.3 (80.0 - 84.3)	84.0 (74.3 - 89.4)	≥ 90
Mammogram in the Past Two Years (women age 40 and older) 2002 and 2004	72.2 (70.3 - 73.9)	72.2 (70.1 - 74.1)	76.5 (67.3 - 84.8)	≥ 70
PSA¹ Test in the Past Two Years (men age 40 and older) 2002 and 2004	51.7 (49.3 - 54.2)	56.3 (53.5 - 59.1)	53.5 (40.0 - 63.0)	n/a
Fecal Occult Blood Test in the Past Two Years (age 50 and older) 2001, 2002, and 2004	28.4 (26.9 - 29.9)	27.9 (26.1 - 29.7)	24.2 (12.1 - 32.5)	≥ 33
Sigmoidoscopy or Colonoscopy, Ever Had (age 50 and older) 2001, 2002, and 2004	48.5 (46.8 - 50.1)	52.9 (50.9 - 54.9)	57.1 (49.8 - 69.2)	≥ 50
Influenza Immunization in the Past Year (age 65 and older)	71.0 (69.3 - 72.6)	72.6 (70.0 - 75.1)	69.6 (57.7 - 75.9)	≥ 90
Pneumococcal Immunization, Ever Had (age 65 and older)	69.3 (67.6 - 71.0)	71.5 (68.8 - 74.1)	66.9 (52.0 - 74.7)	≥ 90
HIV² Test, Ever Had (age 18-64)	37.8 (36.7 - 38.8)	30.5 (28.6 - 32.4)	n/a	n/a

¹ Prostate specific antigen
² Human immunodeficiency virus

Montanans did **better than the national median** (24%); other states and DC ranged from 12 percent to 33 percent. The targeted HP2010 goal is 33 percent or greater for this objective.

■ **Sigmoidoscopy or Colo-noscopy** are exams in which a tube is inserted into the rectum to view the colon for signs of cancer or other health problems. For all Montanans aged 50 and older, the prevalence in the first half of this decade for having had one of these tests was 49 percent. By 2006, this health screening behavior increased to 53 percent. While Montanans did **worse than the national median** (57%) for colorectal cancer screening (range= 50% to 69%), the HP2010 goal for this objective of greater than or equal to 50 percent was met for Montanans.

Immunizations:

Influenza immunization is recom-mended for anyone older than six months of age to prevent this highly infectious respira-tory illness. In addition, pneumo-coccal immunization is recom-mended for persons 65 and older and for individuals 2 to 64 who may have compromised immune systems and have not been previously vaccinated.

■ Immunized Against Influenza among Persons 65+

During the first half of the decade, 71 percent of Montana adults aged 65 and older were immunized against influenza within the past year. By 2006, 73 percent were immunized and Montanans did **better than the national median** of 70 percent; other states and DC ranged from 58 percent to 76 percent. The HP2010 goal of greater than or equal to 90 percent for this objective had not been met by any state.

■ Immunized Against Pneu-monia among Persons 65+

The prevalence of immuni-zation against pneumonia changed little in Montana for adults age 65 and older during the first six years of this decade. The mean five-year (2001-2005) prevalence was 69 percent. In 2006, older Montanans (72%) did better than the national median (67%). Through 2006, no state had reached the HP2010 goal of 90 percent of adults aged 65 and older having been vaccinated.

Human Immunodeficiency Virus (HIV) Testing:

During the first five years of this decade, almost 38 percent of adult Montanans aged 18 to 64 were ever tested for HIV. By 2006, the prevalence dropped significantly to less than one in three adults aged 18 and older (31%) having ever been tested for HIV. Through CDC, the US Department of Health and Human Services has been working to increase the propor-tion of HIV-infected persons who know about their infec-tion by making testing routine in medical care settings and expanding testing in groups that may not have been tested previously.¹

Summary:

Overall, the results presented here indicate that Montana adults did **better than the national median on four of the eight indicators** and did **worse than the national median on the other four indicators** in which national medians were gener-ated. Eight of the eleven health indicators discussed above have a Healthy People 2010 goal associated with the measure. **Of the eight indicators with HP2010 goals, Montana met or exceeded the target for two of the objectives.** In the Winter 2008 issue of Factors, this health portrait of Montana adults will be continued.

Acknowledgements

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Footnotes

¹ CDC. HIV Testing in Healthcare Settings. More information available at www.cdc.gov/hiv/topics/testing/healthcare/index.htm; accessed November 7, 2007.

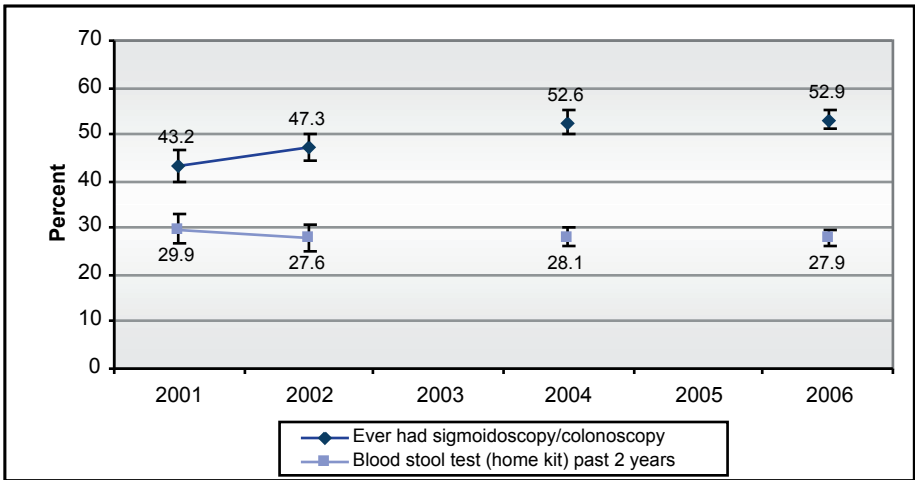
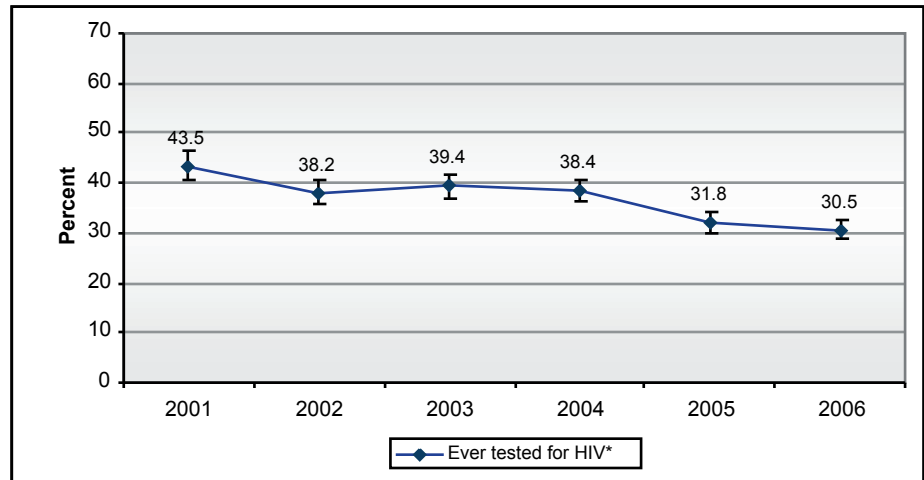


Figure 2. Colorectal Cancer Screening, Montana Adults Age 50 and Older, 2001-2006.



* Excludes testing for blood donation

Figure 3. HIV Testing, Montana Adults Age 18-64 Years, 2001-2006.